

IN THE UNITED STATES DISTRICT COURT FOR THE
DISTRICT OF PUERTO RICO

Rafael Torres Ortiz
Petitioner
USA
Respondent

Civil # 97-1618(JP)

MOTION TO PROCEED IN FORMA PAUPERIS
(Moción para Proceder en forma de Pobre)

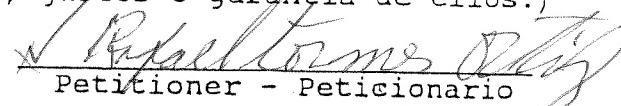
I, the above-named petitioner declare under penalty of perjury that I am the petitioner in the above-entitled proceeding; that I am unable to pay the costs of said proceeding or give security therefor; that I believe I am entitled to redress; and that I believe I have a meritorious case.

(Yo, el peticionario de epigrafe, declaro bajo pena de perjurio que soy el peticionario en el caso antes mencionado; que no puedo pagar los costos de dicho procedimiento ni ofrecer garantía sobre el mismo; que considero tener derecho a un remedio y creo tener argumentos válidos.)

Wherefore, I hereby request to be allowed to proceed in forma pauperis, without prepayment of fees, costs or security thereof.

(POR TODO LO CUAL solicito se me permita proceder en forma de pobre, sin pago anticipado de cuotas, gastos o garantía de ellos.)

Date: 4-21-07
(Fecha:)


Petitioner - Peticionario

O R D E R

This motion is hereby _____.

At San Juan, Puerto Rico, this _____ day of _____ of 19 ____.

UNITED STATES DISTRICT JUDGE

1983
Page -1-

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF PUERTO RICO

AFFIDAVIT IN SUPPORT OF MOTION TO PROCEED
(Declaración en apoyo de la moción para proceder

IN FORMA PAUPERIS
(en forma de pobre)

Petitioner
(Peticionario)

v.

Defendant
(Demandado)

I, RAFAEL TORMES ORTIZ, petitioner in the above captioned case, in support of my motion to proceed without being required to prepay fees or costs or furnish any guarantee for the same, declare that, because of my economic situation, I am unable to pay the costs of said proceedings or furnish any guarantee for the same, and I believe that my claim is meritorious.

(Yo, _____, peticionario en el caso de epígrafe, en apoyo de mi moción para proceder sin que se me requiera pagar por adelantado los honorarios o costas ni prestar garantía para los mismos, declaro que, por razón de mi situación económica, no puedo pagar las costas de dichas diligencias ni prestar garantía alguna para ellas, y creo que mi reclamación es válida.)

I declare that the answers that I have given as follows are true.

(Declaro que las respuestas que doy a continuación son ciertas.)

1. Petitioner's age:
(Edad del peticionario)
2. Social Security Number:
(Número de Seguro Social)
3. Residential address:
(Dirección residencial)

✓ 51
✓ 584-72-8949

USF-FLORENCE MAX
PO BOX 8500
Florence, Co 81226

3
e -2-

4. Postal address: (Dirección postal)	<u>NA</u>
5. Telephone number: (Número de teléfono)	<u>NA</u>
6. Are you married? (¿Está usted casado?)	Yes <u> </u> No <u> </u> Si <u> </u> No <u>X</u>
7. Name of spouse: (Nombre del cónyuge)	<u>NA</u>
State/Country of spouse's domicile <u>NA</u> (Estado/País de domicilio del cónyuge)	
8. Petitioner's employment: (Empleo del peticionario)	Spouse's Employment (Empleo del cónyuge)
Employer: (Patrón)	Employer: (Patrón)
<u>NA</u>	<u>NA</u>
Address: (Dirección)	Address: (Dirección)
<u>NA</u>	<u>NA</u>
Telephone: (Teléfono)	Telephone: (Teléfono)
<u>NA</u>	<u>NA</u>
Position: (Puesto)	Position: (Puesto)
<u>NA</u>	<u>NA</u>
Wage: \$ <u>NA</u> (Salario)	Wage: \$ <u>NA</u> (Salario)
<u>NA</u> Monthly (mensual) <u>NA</u> Weekly (semanal)	<u>NA</u> Monthly (mensual) <u>NA</u> Weekly (semanal)
9. If you are currently unemployed, state the date of your last employment and the monthly salary you were making. (Si se encuentra actualmente desempleado, indique la fecha de su último empleo y el sueldo mensual que devengaba.)	<u>NA</u> \$ <u>NA</u>

1983
Page -3-

10. If your spouse is unemployed, state the date of last employment and the monthly wage.
 (Si su cónyuge está desempleado, indique la fecha de su último empleo y el salario mensual.)

na \$ na

11. Have you or your spouse received any income from the following sources during the past twelve (12) months?
 (¿Usted o su cónyuge recibieron ingresos durante los últimos doce meses de las siguientes fuentes?)

If the answer is yes, state the amount.
 (Si la contestación es que sí, indique la cantidad.)

- a. Business, profession or self-employment:
 (Negocio, profesión o trabajo por cuenta propia)

Yes No Amount : \$ na
 Sí No Cantidad

- b. Pension, annuity or life insurance payments?
 (Pago de pensiones, anualidades o seguro de vida)

Yes No Amount : \$ na
 Sí No Cantidad

- c. Inheritances, donations or gifts?
 (Herencias, donaciones o regalos)

Yes No Amount : \$ na
 Sí No Cantidad

- d. Prizes in casino, lottery, horseracing games or other games of chance, etc.
 (Premios en juegos de casino, lotería, carreras de caballo u otros juegos de azar, etc.)

Yes No Amount : \$ na
 Sí No Cantidad

12. Other persons living in the same household:
 (Otras personas que residen bajo el mismo techo)

Name (Nombre)	Age (Edad)	Relationship (Parentesco)	Employment (Empleo)	Wage (Salario) \$
------------------	---------------	------------------------------	------------------------	-------------------------

na

1983
Page -4-

13. Do you or your spouse or any person living in the same household receive help from the government or from any other person?

(¿Usted o su cónyuge o alguna persona que vive bajo su mismo techo recibe ayuda gubernamental o de otra persona?)

Petitioner: (Peticionario)	Yes (Sí)	No (No)	Amount (Cantidad)
-------------------------------	-------------	------------	----------------------

1. State Insurance (Fondo del Seguro del Estado)	—	—	\$ <u>Na</u>
2. Unemployment (Desempleo)	—	—	\$ <u>Na</u>
3. Retirement (Retiro)	—	—	\$ <u>Na</u>
4. Pension (Pensión)	—	—	\$ <u>Na</u>
5. Social Security (Seguro Social)	—	—	\$ <u>Na</u>
6. Food stamps (Cupones)	—	—	\$ <u>Na</u>
7. Other type of aid (Otro tipo de ayuda)	—	—	\$ <u>Na</u>

Spouse:
(Cónyuge)

1. State Insurance (Fondo del Seguro)	—	—	\$ <u>Na</u>
2. Unemployment (Desempleo)	—	—	\$ <u>Na</u>
3. Retirement (Retiro)	—	—	\$ <u>Na</u>
4. Pension (Pensión)	—	—	\$ <u>Na</u>
5. Social Security (Seguro Social)	—	—	\$ <u>Na</u>
6. Food stamps (Cupones)	—	—	\$ <u>Na</u>
7. Other type of aid (Otro tipo de ayuda)	—	—	\$ <u>Na</u>

Persons living in the same household:
(Personas que viven bajo el mismo techo)

1. State Insurance (Fondo del Seguro del Estado)	—	—	\$ <u>Na</u>
2. Unemployment (Desempleo)	—	—	\$ <u>Na</u>

1983
Page -5-

		Yes (Sí)	No (No)	Amount (Cantidad)
3.	Retirement (Retiro)	—	—	\$ —
4.	Pension (Pensión)	—	—	\$ —
5.	Social Security (Seguro Social)	—	—	\$ —
6.	Food stamps (Cupones)	—	—	\$ —
7.	Other type of aid (Otro tipo de ayuda)	—	—	\$ —

14. Dependents (If they have another address, state so)
(Dependientes: si la dirección es distinta de la suya,
hágalo constar)

Name (Nombre)	Age (Edad)	Relationship (Parentesco)	Amount provided to support each one (Cantidad aportada para su sustento)
Ma			
Ma			
Ma			

15. Do you own the place where you live? Yes No Ma
(¿Es propietario de la vivienda donde reside?) (Sí) (No)

If you are the owner, state:
(Si es propietario, indíquelo:)

Estimated value of the house
(Valor estimado de la casa) \$ Ma

Capacity of the plot of land or farm
(Cabida del solar o finca) Ma

Estimated value of the plot of land
(Valor estimado del solar o finca) Ma

16. If you are not the owner of the place of residence,
state:
(Si no es propietario del lugar de residencia,
indíquelo:)

Name of the owner of the residence:
(Nombre del propietario de la casa) Ma

1983
Page -6-

Name of the owner of the plot of land: Na
(Nombre del propietario del solar)

Lease payment \$ Na
(Cánon de arrendamiento)

17. State if you own any other real estate property.
(Indique si posee otros bienes inmuebles.)

<u>Place</u> (Localización)	<u>Description</u> (Descripción)	<u>Estimated value</u> (Valor estimado)
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

18. State if you own any property such as jewels, stocks, bonds, notes, automobiles or any other valuable property. Exclude ordinary household furniture and clothing.
(Indique si posee bienes tales como joyas, acciones, bonos, pagarés, automóviles o alguna otra propiedad de valor. Excluya mobiliario corriente y ropa.)

<u>Description</u> (Descripción)	<u>Estimated value</u> (Valor estimado)
_____	\$ _____
_____	\$ _____

19. State if you possess any cash or any bank account.
(Indique si tiene dinero en efectivo o alguna cuenta de banco.)

Cash \$ _____
(Dinero en efectivo)

Checking account, Bank: _____
(Cuenta corriente, Banco)

Amount: \$ _____
(Cantidad)

Savings account, Bank: _____
(Cuenta de ahorros, Banco)

Amount: \$ _____
(Cantidad)

1983
Page -7-

20. List all your obligations or debts, including banks, loan companies, credit accounts, etc.
(Enumere todas sus obligaciones o deudas, incluyendo bancos, compañías de préstamos, cuentas de crédito, etc.)

<u>Creditor</u> (Acreedor)	<u>Balance</u> (Balance)	<u>Monthly payment</u> (Pago mensual)
	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____

21. List all your approximate monthly expenses.
(Enumere sus gastos mensuales aproximados.)

Food (Alimentos)	\$ _____
Clothing (Ropa)	\$ _____
Water (Agua)	\$ _____
Electricity (Luz)	\$ _____
Telephone (Teléfono)	\$ _____
Transportation (Transportación)	\$ _____
Others (Otros)	\$ _____

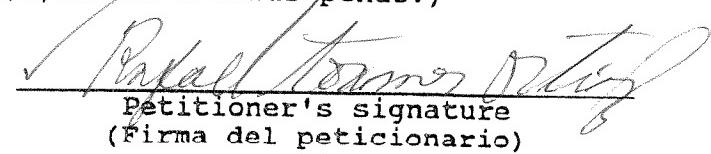
22. Debts or obligations of your spouse that are not included in item number 20.
(Deudas y obligaciones de su cónyuge que no estén incluidas en el encasillado número 20.)

<u>Creditor</u> (Acreedor)	<u>Balance</u> (Balance)	<u>Monthly payment</u> (Pago Mensual)
	\$ _____	\$ _____
	\$ _____	\$ _____

1983
Page -8-

I understand that any false statement or answer in this affidavit carries a penalty for perjury under the provisions of Title 18 USC, section 1621, and it can subject me to a prison sentence up to a maximum of five (5) years or a fine of up to a maximum of \$2,000.00, or both.

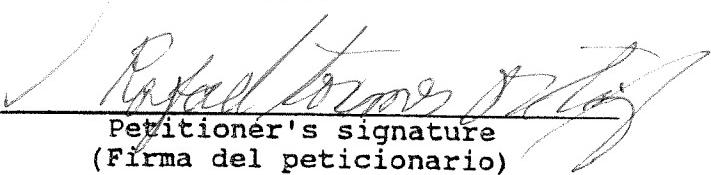
(Entiendo que cualquier afirmación o respuesta falsa en esta declaración conlleva pena de perjurio bajo las disposiciones del Título 18, Código de los Estados Unidos, sección 1621, y me puede exponer a una pena de prisión hasta un máximo de cinco (5) años o una multa hasta un máximo de \$2,000.00 o ambas penas.)


Petitioner's signature
(Firma del peticionario)

I declare under penalty of perjury that the foregoing is true and correct.

(Declaro bajo pena de perjurio que lo anterior es cierto y correcto.)

Signed this 21 of APRIL of 192007
(Firmado el _____ del mes de _____ de 19____)


Petitioner's signature
(Firma del peticionario)

Inmate Number 44128-080
Número de Confinado _____

1983
Page -9-

PLEASE COMPLETE IN FULL THE NAME AND ADDRESS OF EACH DEFENDANT:
(Escriba el nombre completo y la dirección de cada demandado)

DEFENDANT'S NAME : _____
(Nombre del demandado)
DEFENDANT'S ADDRESS : _____
(Dirección del demandado) _____

All additional defendants' names and addresses:
(Nombre y dirección de los restantes demandados)

DO NOT WRITE BELOW THIS LINE (No escriba debajo de esta linea)

U. S. MARSHAL RETURN ON SERVICE

Executed this order by serving the within named _____

by handing to and leaving with _____

a true copy of this order on _____

U. S. Marshal

**Affidavit to Accompany
Motion for Leave to Appeal in Forma Pauperis**

DR# District Court No. 97-1618
Appeal No. 07-1268

v.

Affidavit in Support of Motion

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct.(28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Signed:

Ronald Lewis Diz

Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: 4-16-07

→ My issues on appeal are: ① Ineffective Assistance of Counsel.
② Blakely / Booker ③ En banc Indictment ④ Sentencing enhancement
(2255 Petition) ⑤ Special Verdict Form Claims

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly amount during the past 12 months	Amount expected next month
---------------	---	----------------------------

Employment	You \$ <u>N-A</u>	Spouse \$ <u>N-A</u>	You \$ <u>N-A</u>	Spouse \$ <u>N-A</u>
Self-employment	\$ <u>N-A</u>	\$ <u>N-A</u>	\$ <u>N-A</u>	\$ <u>N-A</u>
Income from real property (such as rental income)	\$ <u>N-A</u>	\$ <u>N-A</u>	\$ <u>N-A</u>	\$ <u>N-A</u>
Interest and dividends	\$ <u>N-A</u>	\$ <u>N-A</u>	\$ <u>N-A</u>	\$ <u>N-A</u>

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Gifts	\$ <u>na</u>	\$ <u>na</u>	\$ <u>na</u>	\$ <u>na</u>
Alimony	\$ <u>na</u>	\$ <u>na</u>	\$ <u>na</u>	\$ <u>na</u>
Child support	\$ <u>na</u>	\$ <u>na</u>	\$ <u>na</u>	\$ <u>na</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>na</u>	\$ <u>na</u>	\$ <u>na</u>	\$ <u>na</u>
Disability (such as social security, insurance payments)	\$ <u>na</u>	\$ <u>na</u>	\$ <u>na</u>	\$ <u>na</u>
Unemployment payments	\$ <u>na</u>	\$ <u>na</u>	\$ <u>na</u>	\$ <u>na</u>
Public-assistance (such as welfare)	\$ <u>na</u>	\$ <u>na</u>	\$ <u>na</u>	\$ <u>na</u>
Other (specify): <u>commissary \$ 120.00</u>	\$ <u>na</u>	\$ <u>na</u>	\$ <u>na</u>	\$ <u>na</u>
Total Monthly income:	\$ <u>120.00</u>	\$ <u>na</u>	\$ <u>na</u>	\$ <u>na</u>

2. List your employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions)

Employer	Address	Dates of Employment	Gross monthly pay
<u>na</u>	<u>na</u>	<u>na</u>	<u>na</u>

3. List your spouse's employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions)

Employer	Address	Dates of Employment	Gross monthly pay
<u>na</u>	<u>na</u>	<u>na</u>	<u>na</u>

4. How much cash do you and your spouse have? \$ Na

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
<u>Na</u>	<u>Na</u>	\$ <u>Na</u>	\$ <u>Na</u>
		\$ _____	\$ _____
		\$ _____	\$ _____

→ If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their values, which you or your spouse owns. Do not list clothing and ordinary household furnishings.

Home <u>Na</u>	(Value) _____	Other real estate <u>Na</u>	(Value) _____	Motor Vehicle #1 Make & year: <u>Na</u>	(Value) _____
				Model: <u>Na</u>	Registration#: <u>Na</u>
Motor Vehicle #2 Make & year: <u>Na</u>	(Value) _____	Other assets <u>Na</u>	(Value) _____	Other assets <u>Na</u>	(Value) _____
Model: <u>Na</u>					
Registration#: <u>Na</u>					

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
<u>Na</u>	<u>Na</u>	<u>Na</u>
<u>Na</u>	<u>Na</u>	<u>Na</u>
<u>Na</u>	<u>Na</u>	<u>Na</u>

7. State the persons who rely on you or your spouse for support.

Name	Relationship	Age
<u>Na</u>	<u>Na</u>	<u>Na</u>

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Spouse
Rent or home mortgage payment (include lot rented for mobile home)	\$ <u>na</u>	\$ <u>na</u>
Are any real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and Telephone)	\$ <u>na</u>	\$ <u>na</u>
Home maintenance (repairs and upkeep)	\$ <u>na</u>	\$ <u>na</u>
Food	\$ <u>na</u>	\$ <u>na</u>
Clothing	\$ <u>na</u>	\$ <u>na</u>
Laundry and dry-cleaning	\$ <u>na</u>	\$ <u>na</u>
Medical and dental expenses	\$ <u>na</u>	\$ <u>na</u>
Transportation (not including motor vehicle payments)	\$ <u>na</u>	\$ <u>na</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>na</u>	\$ <u>na</u>
Insurance (not deducted from wages or included in Mortgage payments)	\$ <u>na</u>	\$ <u>na</u>
Homeowner's or renter's	\$ <u>na</u>	\$ <u>ne</u>
Life	\$ <u>na</u>	\$ <u>na</u>
Health	\$ <u>na</u>	\$ <u>na</u>
Motor Vehicle	\$ <u>na</u>	\$ <u>na</u>
Other: _____	\$ <u>na</u>	\$ <u>na</u>
Taxes (not deducted from wages or included in Mortgage payments)(specify): _____	\$ <u>na</u>	\$ <u>na</u>
Installment payments	\$ <u>na</u>	\$ <u>na</u>
Motor Vehicle	\$ <u>na</u>	\$ <u>na</u>
Credit card (name): _____	\$ <u>na</u>	\$ <u>na</u>
Department store (name): _____	\$ <u>na</u>	\$ <u>na</u>
Other: _____	\$ <u>na</u>	\$ <u>na</u>

Alimony, maintenance, and support paid to others	\$ <u>Na</u>	\$ <u>Na</u>
Regular expenses for operations of business, profession, or farm (attach detailed statement)	\$ <u>Na</u>	\$ <u>Na</u>
Other (specify): _____	\$ _____	\$ _____
Total monthly expenses:	<u>\$ NA</u>	<u>\$ NA</u>

9. Do you expect any major changes to your monthly income or expenses in your assets or liabilities during the next 12 months?

Yes No

If yes, describe on an attached sheet.

10. Have you paid — or will you be paying — an attorney any money for services in connection with this case, including the completion of this form? Yes No

If yes, how much? \$ XNa

If yes, state the attorney's name, address, and telephone number:
Na

11. Have you paid — or will you be paying — anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form?

Yes No

If yes, how much? \$ Na

If yes, state the person's name, address, and telephone number:
na

12. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

I don't have all the money - all I have is what is currently in the acct and as money comes in

I could later apply towards these fees.
But please take into consideration that these funds are

Inmate Statement						<input type="button" value="PRINT"/>
Inmate Reg.#	44128080	Current Institution	Florence ADX	Housing Unit	FLM-K	
Inmate Name	ORTIZ, RAFAEL	Living Quarters	K01-1131 <th>Report Date</th> <td>04/30/2007</td> <th></th>	Report Date	04/30/2007	
Report Time	1:15:51 PM					

Alpha	Code	Date/Time	Reference#	Payment#	Receipt#	Transaction Type	Transaction Amount	Encumbrance Amount	Ending Balance
	FLM	4/10/2007 10:27:01 AM	70180501			Lockbox - CD	\$120.00		\$440.51
	FLM	4/10/2007 10:07:33 AM	10			Sales	(\$54.10)		\$320.51
	FLM	4/4/2007 6:57:22 AM	3			Sales	(\$2.40)		\$374.61
	FLM	4/3/2007 7:35:48 PM	ITS0403			Phone Withdrawal	(\$20.00)		\$377.01
	FLM	4/2/2007 10:07:58 AM	44			Sales	(\$52.85)		\$397.01
	FLM	3/21/2007 3:32:04 PM	3480			Donation	(\$25.00)		\$449.86
	FLM	3/21/2007 6:51:54 AM	1			Sales	(\$2.70)		\$474.86
	FLM	3/20/2007 5:04:47 AM	70179001			Lockbox - CD	\$120.00		\$477.56
	FLM	3/19/2007 10:16:35 AM	13			Sales	(\$38.35)		\$357.56
	FLM	3/15/2007 7:32:31 PM	ITS0315			Phone Withdrawal	(\$10.00)		\$395.91
	FLM	3/14/2007 6:45:27 AM	1			Sales	(\$6.20)		\$405.91
	FLM	3/12/2007 12:00:26 PM	30			Sales	(\$40.35)		\$412.11
	FLM	3/9/2007 5:03:45 AM	70178301			Lockbox - CD	\$100.00		\$452.46
	FLM	3/7/2007 7:13:51 AM	2			Sales	(\$3.15)		\$352.46
	FLM	3/7/2007 7:12:04 AM	1			Sales	(\$11.20)		\$355.61
	FLM	3/6/2007 5:01:37 AM	70178001			Lockbox - CD	\$50.00		\$366.81
	FLM	3/5/2007 10:15:25 AM	15			Sales	(\$31.10)		\$316.81
	FLM	3/1/2007 6:49:23 PM	ITS0301			Phone Withdrawal	(\$20.00)		\$347.91
	FLM	2/26/2007 10:26:27 AM	13			Sales	(\$25.70)		\$367.91
	FLM	2/20/2007 11:32:31 AM	67			Sales	(\$29.75)		\$393.61
	FLM	2/14/2007 7:49:40 AM	1			Sales	\$1.00		\$423.36
	FLM	2/12/2007 9:21:15 AM	34			Sales	(\$26.70)		\$422.36
	FLM	2/11/2007 5:04:27 AM	70176502			Lockbox - CD	\$120.00		\$449.06
	FLM	2/7/2007 7:38:00 AM	2			Sales	(\$3.30)		\$329.06
	FLM	2/5/2007 10:04:33 AM	22			Sales	(\$39.70)		\$332.36
	FLM	2/1/2007 8:15:16 AM	3350			Donation	(\$25.00)		\$372.06
	FLM	1/31/2007 6:42:05 AM	1			Sales	(\$10.40)		\$397.06
	FLM	1/29/2007 9:02:47 AM	37			Sales	(\$28.10)		\$407.46
	FLM	1/24/2007 8:21:40 AM	14			Sales	(\$3.50)		\$435.56
	FLM	1/22/2007 9:04:50 AM	24			Sales	(\$25.05)		\$439.06
	FLM	1/17/2007 8:29:17 AM	4			Sales	(\$3.55)		\$464.11
	FLM	1/16/2007 7:14:26 PM	ITS0116			Phone Withdrawal	(\$20.00)		\$467.66
	FLM	1/16/2007 2:13:24 PM	17			Sales	(\$34.45)		\$487.66

PS 182

AUTHORIZED BY THE ACT OF JULY 27,
 1955, TO ADMINISTER OATHS (18 U.S.C. 4004)
case manager

FLM	1/16/2007 5:01:06 AM	70174604		Lockbox - CD	\$120.00	\$522.11
FLM	1/12/2007 5:07:11 AM	70174501		Lockbox - CD	\$50.00	\$402.11
FLM	1/8/2007 11:43:18 AM	56		Sales	(\$45.80)	\$352.11
FLM	12/29/2006 11:47:34 AM	133		Sales	(\$49.75)	\$397.91
FLM	12/18/2006 11:46:05 AM	55		Sales	(\$42.00)	\$447.66
FLM	12/15/2006 5:04:31 AM	70172701		Lockbox - CD	\$120.00	\$489.66
FLM	12/11/2006 12:13:13 PM	6		Sales	(\$49.85)	\$369.66
FLM	12/8/2006 12:52:15 PM	ITS1208		Phone Withdrawal	(\$10.00)	\$419.51
FLM	12/4/2006 8:56:40 AM	37		Sales	(\$51.50)	\$429.51
FLM	11/27/2006 11:10:06 AM	43		Sales	(\$21.00)	\$481.01
FLM	11/21/2006 5:12:45 AM	70171001		Lockbox - CD	\$100.00	\$502.01
FLM	11/20/2006 6:33:50 PM	ITS1120		Phone Withdrawal	(\$20.00)	\$402.01
FLM	11/20/2006 11:23:49 AM	24		Sales	(\$37.15)	\$422.01
FLM	11/14/2006 5:13:20 AM	70170501		Lockbox - CD	\$120.00	\$459.16
FLM	11/13/2006 10:29:06 AM	34		Sales	(\$32.50)	\$339.16
FLM	11/13/2006 10:27:45 AM	33		Sales	(\$47.45)	\$371.66
FLM	11/7/2006 8:26:08 AM	3112		Donation	(\$25.00)	\$419.11

12

Total Transactions: 76

Totals: (\$269.20) \$0.00

Current Balances

<u>Alpha Code</u>	<u>Available Balance</u>	<u>Pre-Release Balance</u>	<u>Debt Encumbrance</u>	<u>SPO Encumbrance</u>	<u>Other Encumbrance</u>	<u>Outstanding Instruments</u>	<u>Administrative Holds</u>	<u>Account Balance</u>
FLM	\$440.51	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$440.51
Totals:	\$440.51	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$440.51

*Case Manager
 KFluck/KFluck
 AUTHORIZED BY THE ACT OF JULY 27,
 1955, TO ADMINISTER OATHS (18 U.S.C. 400a)
 ADX Florence, Colorado
 pg 2 of 2*